

APPLICATION FOR ANIMAL PERMIT

Name of Applicant: _____

Phone #: _____

Address (location of animals): _____

Mailing address (if different): _____

Area in usable acres: _____

Zoning designation: _____

Type of animal or fowl: _____ Quantity: _____

Type of animal or fowl: _____ Quantity: _____

Type of enclosure: _____

Please show a diagram of area showing location of enclosure (attach separately if necessary).

Please attach documentation that neighbors likely to be affected by the keeping of animals have stated that they have no objection to the issuance of this permit.

“Under penalty of perjury, I do swear that the animals in question are safe and have shown no signs of being dangerous to humans or other animals”

Applicant

Date

Submit to: City of Duvall Public Works Department
PO Box 1300
Duvall, WA 98019

For office use only

☐ Permit Approved

☐ Not Approved

Conditions (if any):

Approved by

Date

This permit is subject to revocation by the Council as per ordinance.